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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/503,494	
	Filing Date	February 14, 2000	
	First Named Inventor	William J Perciballi	
	Group Art Unit	3641	
	Examiner Name	Stephen M. Johnson	
Total Number of Pages in This Submission	17	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Endosure(s) (please identify below):
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Firm or Individual name	William J. Perciballi
Signature	<i>W Perciballi</i>
Date	08/27/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8/27/01			
Typed or printed name	JACQUELINE SUSON-HEMMAN		
Signature	<i>JHemman</i>	Date	8/27/01

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<b>FEE TRANSMITTAL</b> <b>for FY 2001</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
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<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>91.00</b>	

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																							
<b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <input type="text"/> Deposit Account Name <input type="text"/> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																																																																																																																							
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	William J. Perciballi	Registration No. (Attorney/Agent)	Telephone 480 517-1150
Signature	<i>W. Perciballi</i>	Date	08/27/2001

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